

Details of the clinical presentation were recorded and specimens taken included throat swabs for bacterial and viral culture, urine and stool samples for virology and blood for monospot test, ASO, mycoplasma and viral titres. At 1 month follow up, repeat serology was performed if the infection remained undiagnosed.

In 65 children an infectious agent was identified; 47 were viruses, 13 were bacteria, three *Mycoplasma pneumoniae* and in two children both bacteria and viruses were detected. The most common infections were an atypical presentation of measles and those due to group A beta haemolytic *Streptococci* and picornaviruses.

We would recommend that routine management should include a throat swab for bacterial investigations and in selected cases (where there is a risk to a pregnant woman or to immunocompromised individuals) a blood sample for IgM viral screen.

### **Response rates to current treatment of common warts and evaluation of continued cryotherapy and inosine pranobex for treatment failures**

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Viral warts of the hands and feet represent a substantial proportion, *c.* 15% of dermatological referrals. Cryotherapy is a standard treatment of these warts in this country. The treatment represents a significant drain on doctor and patient time, involving multiple visits for the application of liquid nitrogen. Often additional time is spent on paring. The reported cure rate at 3 months is 75% for hand warts and there is some evidence that a combination of cryotherapy and topical treatment may improve the cure rate further. There is little known about the cure rate beyond 3 months. The immunomodulator, inosine pranobex, has been reported to increase efficacy of physical destructive procedures in clearing genital warts. It has been our impression that 3-month cure rates are less than that above, and that a significant proportion of patients are subjected to long-term cryotherapy.

The aims of the present study were to estimate the cure rate at 3 months from what is currently considered to be an optimal treatment, to investigate the value of paring of the warts and to investigate in the 3-month treatment failures the value of further cryotherapy and the use of inosine pranobex.

Four hundred consecutive referrals with hand and/or plantar warts were enrolled. For the first 3 months all were treated with a combination of 15% salicylic acid with 10% lactic acid (Salactol), combined with liquid nitrogen application at 3-weekly intervals. Individuals with warts greater than 4 mm were allocated randomly to paring and non-paring groups. Patients who failed to respond at 3 months continued to use Salactol and were randomly assigned to receive further liquid nitrogen or not, and to receive inosine pranobex or matched placebo.

The 3-month cure rate was only 42% for hand warts and 49% for plantar warts. Paring improved the cure rate in the feet ( $P < 0.025$ ), but not the hands. Of the 3-month treatment failures, the overall cure rate during the next 3 months was 31%. The cure rate was greatest in the group receiving the combination of liquid nitrogen and inosine pranobex, but this did not reach statistical significance. There was no obvious value in continuing liquid nitrogen during this period.

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